TUFTS MEDICARE PREFERRED PDP PLANS | 2016

Tufts Medicare Preferred PDP Group Retiree 2016 Formulary (List of Covered Drugs)

PLEASE READ: This document contains information about the drugs we cover in this plan

This formulary was updated on January 1, 2016. For more recent information or other questions, please contact us at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit **tuftsmedicarepreferred.org**.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

3-EGPDPFORM-16

TUFTS Health Plan

TUFTS MEDICARE PREFERRED PDP GROUP RETIREE

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2016 Formulary (List of Covered Drugs)

When this drug list (formulary) refers to "we," "us", or "our," it means Tufts Health Plan Medicare Preferred. When it refers to "plan" or "our plan," it means Tufts Medicare Preferred PDP.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the Tufts Medicare Preferred PDP Formulary?

A formulary is a list of covered drugs selected by Tufts Medicare Preferred PDP in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Tufts Medicare Preferred PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred PDP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2016. To get updated information about the drugs covered by Tufts Medicare Preferred PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Tufts Medicare Preferred PDP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Tufts Medicare Preferred PDP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred PDP before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred PDP limits the amount of the drug that Tufts Medicare Preferred PDP will cover. For example, Tufts Medicare Preferred PDP provides 30 tablets per prescription for *ROZEREM*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred PDP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Tufts Medicare Preferred PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred PDP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Tufts Medicare Preferred PDP formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Relations and ask if your drug is covered.

If you learn that Tufts Medicare Preferred PDP does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by Tufts Medicare Preferred PDP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Tufts Medicare Preferred PDP.
- You can ask Tufts Medicare Preferred PDP to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Tufts Medicare Preferred PDP Formulary?

You can ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred PDP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Tufts Medicare Preferred PDP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

As a current member, if you are admitted to or discharged from a long term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred PDP Customer Relations department.

For more information

For more detailed information about your Tufts Medicare Preferred PDP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Tufts Medicare Preferred PDP, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Tufts Medicare Preferred PDP Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., PROAIR HFA) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred PDP has any special requirements for coverage of your drug.

B/D: Medicare Part B or D
These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies.
Because of potential safety and utilization concerns, Tufts Medicare Preferred PDP has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Medicare Preferred PDP formulary?" on page III for information about how to request an exception.

EC: Enhanced Coverage Drug.
This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Access Drug.
This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call the on next business day. TTY users should call 1-800-208-9562.

PA: Prior Authorization Required.
The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

STPA: Step Therapy Prior Authorization Applies.
Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred PDP for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Medicare Preferred PDP formulary?" on page III for information about how to request an exception.

Part B Drug:
This drug is considered to be Part B and not covered under the Tufts Medicare Preferred PDP. Please contact your medical carrier for coverage details.

Tufts Medicare Preferred PDP
Group Retiree 2016 Formulary

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
clotrimazole mucous membrane	Tier-1	
CRESEMBA ORAL	Tier-2	
fluconazole	Tier-1	
flucytosine	Tier-1	
griseofulvin microsize	Tier-1	
griseofulvin ultramicrosize	Tier-1	
itraconazole	Tier-1	PA
ketoconazole oral	Tier-1	
LAMISIL ORAL GRANULES 125 MG	Tier-3	QL (56 EA per 28 days)
LAMISIL ORAL GRANULES 187.5 MG	Tier-3	QL (28 EA per 28 days)
NOXAFIL ORAL	Tier-2	
nystatin oral tablet	Tier-1	
terbinafine hcl oral	Tier-1	QL (42 EA per 42 days)
voriconazole oral suspension	Tier-1	
voriconazole oral tablet 200 mg	Tier-1	QL (28 EA per 14 days)
voriconazole oral tablet 50 mg	Tier-1	QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-2	
ALINIA	Tier-3	
BILTRICIDE	Tier-2	
ivermectin oral	Tier-1	
linezolid oral	Tier-1	
methenamine hippurate	Tier-1	
metronidazole oral	Tier-1	
MONUROL	Tier-3	
neomycin	Tier-1	
nitrofurantoin macrocrystal	Tier-1	PA; QL (90 EA per 365 days)
nitrofurantoin monohyd/m-cryst	Tier-1	PA; QL (90 EA per 365 days)
PRIMSOL	Tier-2	
STROMECTOL	Tier-2	
trimethoprim	Tier-1	
vancomycin oral capsule	Tier-1	
XIFAXAN ORAL TABLET 200 MG	Tier-2	QL (9 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	Tier-2	PA; QL (60 EA per 30 days)
ZYVOX ORAL SUSPENSION	Tier-2	
ANTIMALARIALS AND ANTIPROTOZOALS		
atovaquone	Tier-1	
atovaquone-proguanil	Tier-1	
chloroquine phosphate oral	Tier-1	
COARTEM	Tier-2	QL (24 EA per 3 days)
dapsone	Tier-1	
DARAPRIM	Tier-2	
hydroxychloroquine oral	Tier-1	
mefloquine	Tier-1	
NEBUPENT	Tier-3	B/D
paromomycin	Tier-1	
PENTAM	Tier-2	
primaquine	Tier-1	
quinine sulfate	Tier-1	
tinidazole	Tier-1	
ANTIVIRALS		
abacavir	Tier-1	
abacavir-lamivudine-zidovudine	Tier-1	
acyclovir oral	Tier-1	
adefovir	Tier-1	
amantadine hcl oral	Tier-1	
APTIVUS	Tier-2	
ATRIPLA	Tier-2	
COMPLERA	Tier-2	
COPEGUS	Tier-2	
CRIXIVAN	Tier-2	
didanosine	Tier-1	
EDURANT	Tier-2	
EMTRIVA	Tier-2	
entecavir	Tier-1	
EPIVIR ORAL SOLUTION	Tier-2	
EPZICOM	Tier-2	
EVOTAZ	Tier-2	
famciclovir	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
FUZEON SUBCUTANEOUS RECON SOLN	Tier-2	
HARVONI	Tier-2	PA
INTELENCE	Tier-2	
INTRON A INJECTION	Tier-2	
INVIRASE	Tier-2	
ISENTRESS ORAL POWDER IN PACKET	Tier-2	
ISENTRESS ORAL TABLET	Tier-2	QL (360 EA per 90 days)
ISENTRESS ORAL TAB, CHEWABLE 100 MG	Tier-2	QL (180 EA per 30 days)
ISENTRESS ORAL TAB, CHEWABLE 25 MG	Tier-2	QL (720 EA per 30 days)
KALETRA	Tier-2	
lamivudine	Tier-1	
lamivudine-zidovudine	Tier-1	
LEXIVA	Tier-2	
nevirapine	Tier-1	
NORVIR	Tier-2	
PEGASYS	Tier-2	PA; QL (4 ML per 28 days)
PEGASYS PROCLICK	Tier-2	PA; QL (4 ML per 28 days)
PEGINTRON	Tier-2	PA; QL (4 EA per 28 days)
PEGINTRON REDIPEN	Tier-2	PA; QL (4 EA per 28 days)
PREZCOBIX	Tier-2	
PREZISTA	Tier-2	
REBETOL ORAL SOLUTION	Tier-2	
RELENZA DISKHALER	Tier-2	QL (60 EA per 180 days)
RESCRIPTOR	Tier-2	
REYATAZ	Tier-2	
ribasphere	Tier-1	
ribasphere ribapak	Tier-1	
ribavirin	Tier-1	
rimantadine	Tier-1	
SELZENTRY ORAL TABLET 150 MG	Tier-2	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-2	QL (120 EA per 30 days)
SOVALDI	Tier-2	PA
stavudine	Tier-1	
STRIBILD	Tier-2	
SUSTIVA	Tier-2	
TAMIFLU ORAL CAPSULE 30 MG	Tier-2	QL (56 EA per 180 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier-2	QL (28 EA per 180 days)
TAMIFLU ORAL SUSPENSION	Tier-2	QL (360 ML per 180 days)
TIVICAY	Tier-2	
TRIUMEQ	Tier-2	
TRUVADA	Tier-2	
TYBOST	Tier-2	
TYZEKA	Tier-2	QL (30 EA per 30 days)
valacyclovir	Tier-2	
VALCYTE ORAL SOLUTION	Tier-2	
valganciclovir	Tier-1	
VIDEX 2 GRAM PEDIATRIC	Tier-2	
VIRACEPT ORAL TABLET	Tier-2	
VIRAMUNE XR ORAL TABLET EXTENDED-RELEASE 24 HR 100 MG	Tier-2	
VIREAD	Tier-2	
VITEKTA	Tier-2	
ZIAGEN	Tier-2	
zidovudine	Tier-1	
BETA-LACTAM ANTIBIOTICS		
amoxicillin oral capsule	Tier-1	
amoxicillin oral suspension for reconstitution	Tier-1	
amoxicillin oral tablet	Tier-1	
amoxicillin oral tablet,chewable	Tier-1	
amoxicillin-pot clavulanate	Tier-1	
ampicillin	Tier-1	
BICILLIN C-R	Tier-2	
BICILLIN L-A	Tier-2	
CEDAX	Tier-3	
cefaclor	Tier-1	
cefadroxil	Tier-1	
cefdinir	Tier-1	
cefditoren pivoxil	Tier-1	
cefixime	Tier-1	
cefpodoxime	Tier-1	
cefprozil	Tier-1	
cefuroxime axetil oral tablet	Tier-1	
cephalexin	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
dicloxacillin	Tier-1	
penicillin v potassium	Tier-1	
SUPRAX ORAL CAPSULE	Tier-3	
SUPRAX ORAL SUSPENSION	Tier-3	
SUPRAX ORAL TABLET, CHEWABLE	Tier-3	
KETOLIDES		
KETEK	Tier-2	
MACROLIDES AND CLINDAMYCIN		
azithromycin oral	Tier-1	
clarithromycin	Tier-1	
clindamycin hcl	Tier-1	
clindamycin pediatric	Tier-1	
DIFICID	Tier-2	PA
e.e.s. 400 oral tablet	Tier-1	
E.E.S. GRANULES	Tier-3	
eryped 200	Tier-1	
eryped 400	Tier-1	
ERY-TAB	Tier-3	
erythrocin (as stearate)	Tier-1	
erythromycin ethylsuccinate oral tablet	Tier-1	
erythromycin oral tablet	Tier-1	
PCE	Tier-3	
ZMAX	Tier-3	
MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
ethambutol	Tier-1	
isoniazid oral	Tier-1	
PASER	Tier-3	
PRIFTIN	Tier-2	
pyrazinamide	Tier-1	
rifabutin	Tier-1	
RIFAMATE	Tier-3	
rifampin oral	Tier-1	
RIFATER	Tier-3	
SIRTURO	Tier-2	PA
TRECATOR	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
QUINOLONES		
ciprofloxacin	Tier-1	
ciprofloxacin (mixture)	Tier-1	
ciprofloxacin hcl oral	Tier-1	
levofloxacin oral	Tier-2	
moxifloxacin	Tier-2	
ofloxacin oral	Tier-1	
SULFONAMIDES		
sulfadiazine oral	Tier-1	
sulfamethoxazole-trimethoprim oral	Tier-1	
TETRACYCLINES		
demeclocycline oral	Tier-1	
doxycycline hyclate oral capsule	Tier-1	
doxycycline hyclate oral tablet	Tier-1	
doxycycline hyclate oral tablet, delayed release	Tier-1	
doxycycline monohydrate oral capsule	Tier-1	
doxycycline monohydrate oral suspension	Tier-1	
doxycycline monohydrate oral tablet	Tier-1	
minocycline oral	Tier-1	
tetracycline	Tier-1	
VIBRAMYCIN ORAL SYRUP	Tier-3	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
AGGRENOX	Tier-3	
BRILINTA	Tier-3	
clopidogrel	Tier-1	
dipyridamole oral	Tier-1	PA
EFFIENT	Tier-3	
ZONTIVITY	Tier-3	
BLOOD MODIFYING AGENTS		
ARANESP (IN POLYSORBATE)	Tier-2	QL (4 ML per 28 days)
EPOGEN	Tier-2	QL (10 ML per 14 days)
GRANIX	Tier-2	QL (10 ML per 14 Days)
LEUKINE INJECTION RECON SOLN	Tier-2	
MIRCERA	Tier-2	QL (0.3 ML per 14 days)
MOZOBIL	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
NEULASTA SUBCUTANEOUS SYRINGE	Tier-2	QL (1 ML per 14 days)
NEUMEGA	Tier-2	
NEUPOGEN	Tier-2	QL (10 ML per 14 days)
PROCRIT	Tier-2	QL (10 ML per 14 days)
PROMACTA	Tier-2	PA; QL (30 EA per 30 days)
BLOOD THINNERS		
COUMADIN ORAL	Tier-3	
ELIQUIS	Tier-2	QL (60 EA per 30 days)
enoxaparin	Tier-1	
fondaparinux	Tier-1	
FRAGMIN SUBCUTANEOUS SOLUTION	Tier-2	
FRAGMIN SUBCUTANEOUS SYRINGE	Tier-2	
jantoven	Tier-1	
PRADAXA	Tier-2	QL (60 EA per 30 days)
SAVAYSA	Tier-3	
warfarin	Tier-1	
XARELTO ORAL TABLET 10 MG	Tier-2	QL (35 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG	Tier-2	
XARELTO ORAL TABLETS, DOSE PACK	Tier-2	
BLOOD, MISCELLANEOUS		
anagrelide	Tier-1	
cilostazol	Tier-1	
pentoxifylline	Tier-1	
STIMATE	Tier-3	
tranexamic acid	Tier-1	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-2	
ALIMTA	Tier-2	
ALKERAN INTRAVENOUS	Tier-2	
ARRANON	Tier-2	
ARZERRA	Tier-2	
AVASTIN	Tier-2	
azacitidine	Tier-1	
BELEODAQ	Tier-2	
BICNU	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
bleomycin	Tier-1	
BUSULFEX	Tier-2	
carboplatin intravenous solution	Tier-1	
cisplatin	Tier-1	
cladribine	Tier-1	
CLOLAR	Tier-2	
COSMEGEN	Tier-2	
cytarabine	Tier-1	
cytarabine (pf) injection solution	Tier-1	
dacarbazine	Tier-1	
DACOGEN	Tier-2	
daunorubicin intravenous solution	Tier-1	
DAUNOXOME	Tier-2	
DECITABINE	Tier-2	
dexrazoxane hcl	Tier-1	
DOCEFREZ	Tier-2	
docetaxel	Tier-1	
doxorubicin	Tier-1	
doxorubicin, peg-liposomal	Tier-1	
ELITEK	Tier-2	
ELLENCE	Tier-2	
epirubicin	Tier-1	
ERBITUX	Tier-2	
ERWINAZE	Tier-2	
ETOPOPHOS	Tier-2	
etoposide intravenous	Tier-1	
FASLODEX	Tier-2	
fludarabine intravenous solution	Tier-1	
fluorouracil intravenous	Tier-1	
ganciclovir sodium	Tier-1	
gemcitabine	Tier-1	
HALAVEN	Tier-2	
HERCEPTIN	Tier-2	
idarubicin	Tier-1	
ifosfamide	Tier-1	
irinotecan	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
ISTODAX	Tier-2	
IXEMPRA	Tier-2	
JEVTANA	Tier-2	
KADCYLA	Tier-2	PA
KEYTRUDA INTRAVENOUS SOLUTION	Tier-2	
leuprolide	Tier-1	
melphalan hcl	Tier-1	
mitomycin	Tier-1	
mitoxantrone	Tier-1	
MUSTARGEN	Tier-2	
ONCASPAR	Tier-2	
OPDIVO	Tier-2	
oxaliplatin	Tier-1	
paclitaxel	Tier-1	
PERJETA	Tier-2	PA
PROLEUKIN	Tier-2	
RITUXAN	Tier-2	PA
SYLATRON	Tier-2	PA; QL (4 EA per 28 days)
SYNRIBO	Tier-2	
topotecan intravenous solution	Tier-1	
TORISEL	Tier-2	
TREANDA	Tier-2	
TRISENOX	Tier-2	
UVADEX	Tier-2	
VECTIBIX	Tier-2	
VELCADE	Tier-2	
vinblastine intravenous solution	Tier-1	
vincasar pfs	Tier-1	
vincristine	Tier-1	
vinorelbine	Tier-1	
YERVOY	Tier-2	
ZALTRAP	Tier-2	
ZANOSAR	Tier-2	
ORAL AGENTS		
8-MOP	Tier-2	
AFINITOR	Tier-2	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ	Tier-2	PA; QL (60 EA per 30 days)
ALKERAN ORAL	Tier-2	Part B
anastrozole	Tier-1	
bicalutamide	Tier-1	
BOSULIF ORAL TABLET 100 MG	Tier-2	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier-2	PA; QL (30 EA per 30 days)
capecitabine	Tier-1	Part B
CAPRELSA ORAL TABLET 100 MG	Tier-2	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier-2	PA; QL (30 EA per 30 days)
COMETRIQ	Tier-2	PA
CYCLOPHOSPHAMIDE ORAL CAPSULE	Tier-2	B/D
DROXIA	Tier-2	
EMCYT	Tier-2	
ERIVEDGE	Tier-2	PA
exemestane	Tier-1	
FARESTON	Tier-2	
FARYDAK	Tier-2	PA
flutamide	Tier-1	
GILOTRIF	Tier-2	PA
GLEEVEC	Tier-2	
GLEOSTINE	Tier-3	
HEXALEN	Tier-2	
HYCAMTIN ORAL	Tier-2	Part B
hydroxyurea	Tier-1	
IBRANCE	Tier-2	PA
ICLUSIG	Tier-2	PA
IMBRUVICA	Tier-2	PA
INLYTA	Tier-2	PA
JAKAFI	Tier-2	PA
LENVIMA	Tier-2	PA
letrozole	Tier-1	
LEUKERAN	Tier-2	
lomustine	Tier-1	
LYNPARZA	Tier-2	PA
LYSODREN	Tier-2	
MATULANE	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
megestrol oral tablet	Tier-1	PA
MEKINIST	Tier-2	PA
mercaptopurine	Tier-1	
MYLERAN	Tier-2	Part B
NEXAVAR	Tier-2	PA; QL (220 EA per 30 days)
NILANDRON	Tier-2	
POMALYST	Tier-2	PA
PURIXAN	Tier-2	
REVLIMID	Tier-2	PA; LA
SOLTAMOX	Tier-2	
SPRYCEL ORAL TABLET 100 & 140 MG	Tier-2	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20, 50, 70 & 80 MG	Tier-2	PA; QL (60 EA per 30 days)
STIVARGA	Tier-2	PA; QL (90 EA per 30 Days)
SUTENT	Tier-2	PA
TABLOID	Tier-2	
TAFINLAR	Tier-2	PA
tamoxifen	Tier-1	
TARCEVA ORAL TABLET 100 MG	Tier-2	QL (90 EA per 30 days)
TARCEVA ORAL TABLET 25 & 150 MG	Tier-2	QL (30 EA per 30 days)
TARGRETIN ORAL	Tier-2	
TASIGNA	Tier-2	PA
temozolomide	Tier-1	Part B
THALOMID	Tier-2	
tretinoin (chemotherapy)	Tier-1	
TYKERB	Tier-2	PA; QL (180 EA per 30 days)
VOTRIENT	Tier-2	PA; QL (120 EA per 30 days)
XALKORI	Tier-2	PA
XTANDI	Tier-2	PA; QL (120 EA per 30 days)
ZELBORAF	Tier-2	PA
ZOLINZA	Tier-2	PA
ZYDELIG	Tier-2	PA
ZYKADIA	Tier-2	PA
ZYTIGA	Tier-2	PA; QL (120 EA per 30 days)
PROTECTIVE AGENTS		
amifostine crystalline	Tier-1	
FUSILEV	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium injection solution	Tier-1	
leucovorin calcium oral	Tier-1	
LEVOLEUCOVORIN CALCIUM	Tier-2	
mesna	Tier-1	
MESNEX ORAL	Tier-3	
ZINECARD (AS HCL)	Tier-2	
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
benazepril	Tier-1	
captopril	Tier-1	
enalapril maleate	Tier-1	
EPANED	Tier-3	
fosinopril	Tier-1	
lisinopril	Tier-1	
moexipril	Tier-1	
perindopril erbumine	Tier-1	
quinapril	Tier-1	
ramipril	Tier-1	
trandolapril	Tier-1	
ALPHA$_1$ BLOCKERS		
CARDURA XL	Tier-3	
doxazosin	Tier-1	
prazosin oral	Tier-1	
terazosin	Tier-1	
ANGINA		
CORLANOR	Tier-3	PA
isosorbide dinitrate oral	Tier-1	
isosorbide mononitrate	Tier-1	
NITRO-BID	Tier-3	
nitroglycerin intravenous	Tier-1	
nitroglycerin transdermal patch 24 hour	Tier-1	
nitroglycerin translingual spray, non-aerosol	Tier-1	
NITROMIST	Tier-3	
NITROSTAT	Tier-2	
RANEXA	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR BLOCKERS		
BENICAR	Tier-2	
candesartan	Tier-1	
eprosartan	Tier-1	
irbesartan	Tier-1	
losartan	Tier-1	
telmisartan	Tier-2	
valsartan	Tier-2	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
amiodarone oral	Tier-1	
digitek	Tier-1	
digoxin injection solution	Tier-1	
digoxin oral solution 50 mcg/ml	Tier-1	PA
digoxin oral tablet 125 mcg	Tier-1	
digoxin oral tablet 250 mcg	Tier-1	PA
disopyramide phosphate oral capsule	Tier-1	PA
flecainide	Tier-1	
LANOXIN TABLET 62.5 & 125 MCG	Tier-3	
LANOXIN ORAL TABLET 187.5 & 250 MCG	Tier-3	PA
mexiletine	Tier-1	
MULTAQ	Tier-3	
NORPACE CR	Tier-3	PA
propafenone	Tier-1	
quinidine gluconate oral	Tier-1	
quinidine sulfate oral tablet	Tier-1	
sorine	Tier-1	
sotalol af	Tier-1	
sotalol oral	Tier-1	
SOTYLIZE	Tier-3	
TIKOSYN	Tier-2	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
amlodipine-atorvastatin	Tier-2	
amlodipine-benazepril	Tier-2	
amlodipine-valsartan	Tier-2	
amlodipine-valsartan- hydrochlorothiazide	Tier-2	
atenolol-chlorthalidone	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
AZOR	Tier-2	
benazepril-hydrochlorothiazide	Tier-1	
BENICAR HCT	Tier-2	
bisoprolol-hydrochlorothiazide	Tier-1	
candesartan-hydrochlorothiazide	Tier-1	
captopril-hydrochlorothiazide	Tier-1	
clorpres	Tier-1	
DUTOPROL	Tier-3	
enalapril-hydrochlorothiazide	Tier-1	
fosinopril-hydrochlorothiazide	Tier-1	
irbesartan-hydrochlorothiazide	Tier-1	
lisinopril-hydrochlorothiazide	Tier-1	
losartan-hydrochlorothiazide	Tier-1	
metoprolol ta-hydrochlorothiazide	Tier-1	
moexipril-hydrochlorothiazide	Tier-1	
nadolol-bendroflumethiazide	Tier-1	
propranolol-hydrochlorothiazide	Tier-1	
quinapril-hydrochlorothiazide	Tier-1	
TEKTURNA HCT	Tier-2	
telmisartan-amlodipine	Tier-1	
telmisartan-hydrochlorothiazide	Tier-2	
trandolapril-verapamil	Tier-1	
valsartan-hydrochlorothiazide	Tier-1	
BETA AND ALPHA BLOCKERS		
carvedilol	Tier-1	
COREG CR	Tier-3	
labetalol oral	Tier-1	
BETA BLOCKERS		
acebutolol oral	Tier-1	
atenolol	Tier-1	
betaxolol oral	Tier-1	
bisoprolol fumarate	Tier-1	
metoprolol succinate	Tier-1	
metoprolol tartrate oral	Tier-1	
nadolol	Tier-1	
pindolol	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
propranolol oral	Tier-1	
timolol maleate oral	Tier-1	
CALCIUM CHANNEL BLOCKERS		
afeditab cr	Tier-1	
amlodipine	Tier-1	
cartia xt	Tier-1	
diltiazem hcl oral	Tier-1	
dilt-xr	Tier-1	
felodipine	Tier-1	
isradipine	Tier-1	
matzim la	Tier-1	
nicardipine oral	Tier-1	
nifedical xl	Tier-1	
nifedipine oral capsule	Tier-1	PA
nifedipine oral tablet extended release 24hr	Tier-1	
nimodipine	Tier-1	
nisoldipine	Tier-1	
taztia xt	Tier-1	
verapamil oral	Tier-1	
CENTRALLY ACTING AGENTS		
clonidine	Tier-1	
clonidine hcl oral tablet	Tier-1	
NORTHERA	Tier-2	PA
reserpine oral tablet 0.1 mg	Tier-1	
reserpine oral tablet 0.25 mg	Tier-1	PA
DIRECT RENIN INHIBITORS		
TEKTURNA	Tier-2	
DIURETICS		
amiloride oral	Tier-1	
amiloride-hydrochlorothiazide	Tier-1	
bumetanide oral	Tier-1	
chlorothiazide	Tier-1	
chlorthalidone	Tier-1	
EDECRIN	Tier-2	
eplerenone	Tier-1	
furosemide oral	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide	Tier-1	
indapamide	Tier-1	
methyclothiazide	Tier-1	
metolazone	Tier-1	
spironolactone	Tier-1	
spironolacton-hydrochlorothiazide	Tier-1	
torsemide oral	Tier-1	
triamterene-hydrochlorothiazide	Tier-1	
LIPID LOWERING AGENTS		
atorvastatin	Tier-1	
cholestyramine light oral powder in packet	Tier-1	
colestipol oral granules	Tier-1	
colestipol oral tablet	Tier-1	
CRESTOR	Tier-3	PA
fenofibrate	Tier-1	
fenofibrate micronized	Tier-1	
fenofibrate nanocrystallized	Tier-1	
fenofibric acid (choline)	Tier-1	
fluvastatin	Tier-2	
gemfibrozil oral	Tier-1	
JUXTAPID	Tier-2	PA
KYNAMRO	Tier-2	PA
lovastatin	Tier-1	
niacin oral tablet extended release 24 hr	Tier-2	
niacor	Tier-1	
omega-3 acid ethyl esters	Tier-2	
pravastatin	Tier-1	
PREVALITE ORAL POWDER	Tier-3	
SIMCOR	Tier-2	
simvastatin	Tier-1	
VASCEPA	Tier-2	
VYTORIN 10-10	Tier-3	
VYTORIN 10-20	Tier-3	
VYTORIN 10-40	Tier-3	
VYTORIN 10-80	Tier-3	
WELCHOL	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
ZETIA	Tier-2	
POTASSIUM REPLACEMENT		
klor-con 10	Tier-1	
klor-con 8	Tier-1	
KLOR-CON M15	Tier-3	
klor-con m20	Tier-1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier-3	
potassium chloride oral capsule, extended release	Tier-1	
potassium chloride oral liquid	Tier-1	
potassium chloride tablet extended release 8 meq	Tier-1	
potassium chloride tablet, er particles/crystals	Tier-1	
VASODILATORS		
BIDIL	Tier-2	
hydralazine oral	Tier-1	
minoxidil oral	Tier-1	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
alcohol pads	Tier-1	
gauze pad topical bandage	Tier-1	
insulin pen needle	Tier-1	
INSULIN PEN NEEDLE	Tier-2	
insulin syringe-needle	Tier-1	
INSULIN SYRINGE-NEEDLE	Tier-2	
lancets	Tier-1	Part B
ONETOUCH ULTRA TEST	Tier-2	Part B
ONETOUCH VERIO	Tier-2	Part B
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-2	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier-2	
PROGLYCEM	Tier-3	
INSULINS		
HUMALOG	Tier-2	
HUMALOG KWIKPEN	Tier-2	
HUMALOG MIX 50-50	Tier-2	
HUMALOG MIX 50-50 KWIKPEN	Tier-2	
HUMALOG MIX 75-25	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75-25 KWIKPEN	Tier-2	
HUMULIN 70/30	Tier-2	
HUMULIN N	Tier-2	
HUMULIN R	Tier-2	
HUMULIN R U-500 "CONCENTRATED"	Tier-2	
LANTUS	Tier-2	
LANTUS SOLOSTAR	Tier-2	
NON-INSULIN INJECTABLES		
BYDUREON	Tier-2	
SYMLINPEN 120	Tier-2	
SYMLINPEN 60	Tier-2	
TRULICITY	Tier-2	
ORAL AGENTS		
acarbose	Tier-1	
ACTOPLUS MET XR	Tier-3	
chlorpropamide	Tier-1	PA
FARXIGA	Tier-2	
glimepiride	Tier-1	
glipizide	Tier-1	
glipizide-metformin	Tier-1	
glyburide	Tier-1	PA
glyburide micronized	Tier-1	PA
glyburide-metformin	Tier-1	PA
GLYXAMBI	Tier-3	
INVOKAMET	Tier-2	
INVOKANA	Tier-2	
JANUMET	Tier-2	
JANUMET XR	Tier-2	
JANUVIA	Tier-2	
JENTADUETO	Tier-2	
metformin	Tier-1	
nateglinide	Tier-1	
pioglitazone	Tier-2	
pioglitazone-glimepiride	Tier-1	
pioglitazone-metformin	Tier-2	
PRANDIMET	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
repaglinide	Tier-1	
RIOMET	Tier-2	
tolazamide	Tier-1	
tolbutamide	Tier-1	
TRADJENTA	Tier-2	
XIGDUO XR	Tier-2	
EAR, NOSE, AND THROAT		
EAR		
acetasol hc	Tier-1	
acetic acid otic	Tier-1	
CIPRO HC	Tier-2	
CIPRODEX	Tier-2	
fluocinolone acetonide oil	Tier-1	
hydrocortisone-acetic acid	Tier-1	
ofloxacin otic	Tier-1	
MOUTH AND THROAT		
cevimeline	Tier-1	
chlorhexidine gluconate mucous membrane	Tier-1	
periogard	Tier-1	
pilocarpine hcl oral	Tier-1	
triamcinolone acetonide dental	Tier-1	
NOSE		
azelastine nasal	Tier-1	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-3	
budesonide nasal	Tier-1	
cyproheptadine	Tier-1	PA
desloratadine	Tier-1	
flunisolide nasal spray, non-aerosol 25 mcg	Tier-1	QL (150 ML per 90 Days)
fluticasone nasal	Tier-1	QL (48 GM per 90 days)
hydroxyzine hcl oral	Tier-1	PA
hydroxyzine pamoate	Tier-1	PA
ipratropium nasal spray,non-aerosol 0.03 %	Tier-1	QL (180 ML per 90 days)
ipratropium nasal spray,non-aerosol 0.06 %	Tier-1	QL (90 ML per 90 days)
levocetirizine	Tier-1	
NASONEX	Tier-2	QL (102 GM per 90 days)
olopatadine	Tier-1	QL (91.5 GM per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide nasal	Tier-2	QL (49.5 GM per 90 days)
TYZINE NASAL DROPS	Tier-3	
ENHANCED COVERAGE DRUGS		
COUGH & COLD PREPARATIONS		
benzonatate	Tier-1	EC
chlorpheniramine-pseudoephedrine	Tier-1	EC
cpm-pseudoephedrine-hydrocodone	Tier-1	EC
hydrocodone-chlorpheniramine	Tier-1	EC
hydrocodone-homatropine	Tier-1	EC
promethazine vc-codeine	Tier-1	EC
promethazine-codeine	Tier-1	EC
promethazine-dm	Tier-1	EC
promethazine-phenylephrine-codeine	Tier-1	EC
ERECTILE DYSFUNCTION		
CAVERJECT	Tier-3	EC
CAVERJECT IMPULSE	Tier-3	EC
CIALIS ORAL TABLET 10 MG, 20 MG	Tier-3	EC; QL (4 EA per 30 days)
EDEX	Tier-3	EC
LEVITRA	Tier-3	EC; QL (4 EA per 30 days)
MUSE	Tier-3	EC
VIAGRA	Tier-3	EC; QL (4 EA per 30 days)
OBESITY MANAGEMENT		
ADIPEX-P	Tier-3	PA; EC
BONTRIL PDM	Tier-3	PA; EC
BONTRIL SLOW-RELEASE	Tier-3	PA; EC
diethylpropion	Tier-1	PA; EC
phendimetrazine tartrate	Tier-1	PA; EC
phentermine	Tier-1	PA; EC
QSYMIA	Tier-3	PA; EC
XENICAL	Tier-3	PA; EC
VITAMINS/MINERALS		
cyanocobalamin (vitamin b-12) injection	Tier-1	EC
cyanocobalamin (vitamin b-12) oral	Tier-1	EC
cyanocobalamin (vitamin b-12) sublingual	Tier-1	EC
ergocalciferol (vitamin d2) oral capsule	Tier-1	EC
ergocalciferol (vitamin d2) oral tablet	Tier-1	EC

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
folic acid oral tablet	Tier-1	EC
MEPHYTON	Tier-3	EC
NASCOBAL	Tier-2	EC
phytonadione injection	Tier-1	EC
vitamin d2	Tier-1	EC
EYE		
ALLERGY		
ALOCRIL	Tier-3	
ALOMIDE	Tier-3	
azelastine ophthalmic	Tier-1	
cromolyn ophthalmic	Tier-1	
EMADINE	Tier-3	
epinastine	Tier-1	
LASTACAFT	Tier-3	
naphazoline	Tier-1	
ANTI-INFECTIVES		
AZASITE	Tier-3	
bacitracin ophthalmic	Tier-1	
bacitracin-polymyxin b ophthalmic	Tier-1	
BESIVANCE	Tier-3	
BLEPHAMIDE	Tier-3	
BLEPHAMIDE S.O.P.	Tier-3	
ciprofloxacin hcl ophthalmic	Tier-1	
erythromycin ophthalmic	Tier-1	
GARAMYCIN OPHTHALMIC DROPS	Tier-3	
gatifloxacin	Tier-1	
gentak ophthalmic ointment	Tier-1	
gentamicin ophthalmic	Tier-1	
levofloxacin ophthalmic	Tier-1	
MOXEZA	Tier-3	
neomycin-bacitracin-poly-hc	Tier-1	
neomycin-bacitracin-polymyxin	Tier-1	
neomycin-polymyxin-hc drops,suspension	Tier-1	
ofloxacin ophthalmic	Tier-1	
polymyxin b sulf-trimethoprim	Tier-1	
sulfacetamide sodium ophthalmic	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide-prednisolone	Tier-1	
TOBRADEX OPHTHALMIC OINTMENT	Tier-3	
TOBRADEX ST	Tier-3	
tobramycin	Tier-1	
tobramycin-dexamethasone	Tier-1	
VIGAMOX	Tier-3	
ANTI-INFLAMMATORIES		
ALREX	Tier-3	
bromfenac	Tier-1	
dexamethasone sodium phosphate ophthalmic	Tier-1	
diclofenac sodium ophthalmic	Tier-1	
DUREZOL	Tier-3	
FLAREX	Tier-3	
fluorometholone	Tier-1	
flurbiprofen sodium	Tier-1	
FML FORTE	Tier-3	
FML S.O.P.	Tier-2	
ILEVRO	Tier-3	
ketorolac ophthalmic	Tier-1	
LOTEMAX	Tier-3	
MAXIDEX	Tier-3	
neomycin-polymyxin b-dexamethasone	Tier-1	
neomycin-polymyxin-gramicidin	Tier-1	
neomycin-polymyxin-hc ophthalmic	Tier-1	
neomycin-polymyxin-hc solution	Tier-1	
NEVANAC	Tier-3	
PRED MILD	Tier-2	
PRED-G	Tier-2	
PRED-G S.O.P.	Tier-2	
prednisolone acetate	Tier-1	
PROLENSA	Tier-3	
VEXOL	Tier-2	
ZYLET	Tier-3	
ANTIVIRALS		
trifluridine	Tier-1	
ZIRGAN	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
GLAUCOMA		
acetazolamide oral	Tier-1	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	Tier-3	
apraclonidine	Tier-1	
AZOPT	Tier-2	
betaxolol ophthalmic	Tier-1	
BETIMOL OPHTHALMIC DROPS 0.5 %	Tier-2	
BETOPTIC S	Tier-3	
bimatoprost	Tier-1	
brimonidine	Tier-1	
carteolol	Tier-1	
COMBIGAN	Tier-3	
dorzolamide	Tier-1	
dorzolamide-timolol	Tier-1	
IOPIDINE OPHTHALMIC DROPPERETTE	Tier-3	
latanoprost	Tier-1	
levobunolol ophthalmic drops 0.5 %	Tier-1	
LUMIGAN OPHTHALMIC DROPS 0.01 %	Tier-3	STPA
methazolamide oral	Tier-1	
metipranolol	Tier-1	
PHOSPHOLINE IODIDE	Tier-2	
pilocarpine hcl ophthalmic	Tier-1	
SIMBRINZA	Tier-3	
timolol maleate ophthalmic	Tier-1	
TRAVATAN Z	Tier-3	STPA
travoprost (benzalkonium)	Tier-1	
ZIOPTAN (PF)	Tier-3	STPA
OPHTHALMIC DRUGS, MISCELLANEOUS		
ALCAINE	Tier-3	
atropine ophthalmic drops	Tier-1	
NATACYN	Tier-3	
proparacaine	Tier-1	
RESTASIS	Tier-2	PA
GASTROINTESTINAL DRUGS		
EMESIS		
ALOXI	Tier-2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
ANZEMET ORAL	Tier-2	B/D
CESAMET	Tier-2	B/D
compro	Tier-1	
dronabinol	Tier-1	B/D
EMEND ORAL	Tier-2	B/D
granisetron hcl oral	Tier-1	B/D
meclizine oral tablet	Tier-1	
metoclopramide hcl oral	Tier-1	
ondansetron	Tier-1	B/D
ondansetron hcl oral	Tier-1	B/D
prochlorperazine	Tier-1	
prochlorperazine maleate oral	Tier-1	
promethazine oral	Tier-1	PA
promethazine rectal	Tier-1	
SANCUSO	Tier-3	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP	Tier-3	
ENZYMES		
CARBAGLU	Tier-2	PA
CREON	Tier-2	
CYSTAGON	Tier-3	
PANCREAZE	Tier-3	
PERTZYE	Tier-3	
ULTRESA	Tier-3	
VIOKACE	Tier-3	
ZENPEP	Tier-3	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
alosetron	Tier-1	
CANTIL	Tier-3	
constulose	Tier-1	
cromolyn oral	Tier-1	
dicyclomine oral capsule	Tier-1	
dicyclomine oral solution	Tier-1	
dicyclomine oral tablet	Tier-1	
enulose	Tier-1	
FULYZAQ	Tier-2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
GATTEX ONE-VIAL	Tier-2	PA
generlac	Tier-1	
glycopyrrolate oral	Tier-1	
KRISTALOSE	Tier-2	
lactulose	Tier-1	
levocarnitine (with sugar)	Tier-1	
levocarnitine oral tablet	Tier-1	
loperamide oral capsule	Tier-1	
megestrol oral suspension	Tier-1	PA
MOVIPREP	Tier-3	
OSMOPREP	Tier-3	
peg 3350-electrolytes	Tier-1	
peg-3350 with flavor packs	Tier-1	
peg-electrolyte solution	Tier-1	
polyethylene glycol 3350 oral powder	Tier-1	
propantheline	Tier-1	
RELISTOR SUBCUTANEOUS SOLUTION	Tier-2	
RELISTOR SUBCUTANEOUS SYRINGE	Tier-2	
SUCLEAR	Tier-3	
SUPREP BOWEL PREP KIT	Tier-3	
trilyte with flavor packets	Tier-1	
ursodiol	Tier-1	
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
amoxicil-clarithromy-lansoprazole	Tier-1	
CARAFATE ORAL SUSPENSION	Tier-3	
cimetidine	Tier-1	
cimetidine hcl oral	Tier-1	
DEXILANT	Tier-3	PA
esomeprazole magnesium	Tier-2	PA
famotidine oral suspension	Tier-1	
famotidine oral tablet 20 mg, 40 mg	Tier-1	
lansoprazole oral capsule, delayed release(dr/ec)	Tier-2	
methscopolamine oral	Tier-1	
misoprostol	Tier-1	
nizatidine	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule, delayed release	Tier-1	
omeprazole-sodium bicarbonate	Tier-1	
pantoprazole oral	Tier-1	
PYLERA	Tier-2	
rabeprazole	Tier-2	
ranitidine hcl oral capsule	Tier-1	
ranitidine hcl oral syrup	Tier-1	
ranitidine hcl oral tablet 150 mg, 300 mg	Tier-1	
sucralfate oral tablet	Tier-1	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-2	
APRISO	Tier-2	
ASACOL HD	Tier-2	
balsalazide	Tier-1	
budesonide oral	Tier-1	
CANASA	Tier-2	
colocort	Tier-1	
DELZICOL	Tier-2	
DIPENTUM	Tier-2	
hydrocortisone rectal enema	Tier-1	
LIALDA	Tier-2	
LINZESS	Tier-2	QL (30 EA per 30 days)
mesalamine with cleansing wipe	Tier-1	
PENTASA	Tier-2	
SFROWASA	Tier-3	
sulfasalazine oral tablet	Tier-1	
sulfazine ec	Tier-1	
UCERIS ORAL	Tier-2	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-2	HI
acetazolamide sodium	Tier-1	HI
acyclovir sodium intravenous solution	Tier-1	HI
AMBISOME	Tier-2	HI
amikacin injection	Tier-1	HI
aminophylline intravenous	Tier-1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
amphotericin b	Tier-1	HI
ampicillin sodium	Tier-1	HI
ampicillin-sulbactam	Tier-1	HI
ANZEMET INTRAVENOUS	Tier-2	B/D; HI
ARGATROBAN	Tier-3	HI
ARGATROBAN IN 0.9 % NACL SOLUTION	Tier-3	HI
atropine injection	Tier-1	HI
atropine intravenous	Tier-1	HI
AVELOX IN NACL (ISO-OSMOTIC)	Tier-2	HI
azithromycin intravenous	Tier-1	HI
aztreonam	Tier-1	HI
benztropine injection	Tier-1	HI
bumetanide injection	Tier-1	HI
buprenorphine hcl injection syringe	Tier-1	HI
butorphanol tartrate injection	Tier-1	HI
calcitriol intravenous	Tier-1	HI
CANCIDAS	Tier-2	HI
CAPASTAT	Tier-2	HI
CARDENE IV IN SODIUM CHLORIDE	Tier-3	HI
cefazolin	Tier-1	HI
cefazolin in 0.9% nacl	Tier-1	HI
cefazolin in dextrose (iso-os)	Tier-1	HI
cefazolin in dextrose 5 %	Tier-1	HI
cefepime	Tier-1	HI
cefepime in dextrose 5 %	Tier-1	HI
cefotaxime	Tier-1	HI
cefotetan	Tier-1	HI
cefoxitin	Tier-1	HI
cefoxitin in dextrose, iso-osm	Tier-1	HI
ceftazidime	Tier-1	HI
ceftazidime in d5w	Tier-1	HI
ceftriaxone injection	Tier-1	HI
ceftriaxone intravenous solution	Tier-1	HI
cefuroxime sodium	Tier-1	HI
chloramphenicol sod succinate	Tier-1	HI
cidofovir	Tier-1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin in 5 % dextrose	Tier-1	HI
ciprofloxacin lactate	Tier-1	HI
clindamycin in 5 % dextrose	Tier-1	HI
clindamycin phosphate injection	Tier-1	HI
clindamycin phosphate intravenous	Tier-1	HI
colistin (colistimethate na)	Tier-1	HI
CRESEMBA INTRAVENOUS	Tier-2	HI
CUBICIN	Tier-2	HI
cyclosporine intravenous	Tier-1	B/D; HI
CYKLOKAPRON	Tier-2	HI
DALVANCE	Tier-2	HI
dexamethasone sodium phos (pf)	Tier-1	HI
dexamethasone sodium phosphate injection	Tier-1	HI
diltiazem hcl intravenous	Tier-1	HI
diphenhydramine hcl injection	Tier-1	HI
DORIBAX	Tier-2	HI
DOXY-100	Tier-3	HI
duramorph (pf)	Tier-1	HI
ERAXIS(WATER DILUENT)	Tier-2	HI
ERYTHROCIN	Tier-2	HI
esomeprazole sodium	Tier-1	HI
fluconazole in dextrose (iso-o)	Tier-1	HI
foscarnet	Tier-1	HI
gentamicin in nacl (iso-osm)	Tier-1	HI
gentamicin injection	Tier-1	HI
gentamicin sulfate (ped) (pf)	Tier-1	HI
gentamicin sulfate (pf)	Tier-1	HI
granisetron (pf)	Tier-1	B/D; HI
granisetron hcl intravenous	Tier-1	B/D; HI
heparin (porcine) injection solution	Tier-1	HI
imipenem-cilastatin	Tier-1	HI
INVANZ INJECTION	Tier-2	HI
isoniazid injection	Tier-1	HI
labetalol intravenous solution	Tier-1	HI
lactated ringers intravenous	Tier-1	HI
levetiracetam in nacl (iso-os)	Tier-1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
levocarnitine intravenous	Tier-1	HI
levofloxacin in d5w	Tier-1	HI
levofloxacin intravenous	Tier-1	HI
levothyroxine intravenous	Tier-1	HI
LINCOCIN	Tier-2	HI
linezolid intravenous	Tier-1	HI
meropenem	Tier-1	HI
methadone injection	Tier-1	HI
methotrexate sodium (pf)	Tier-1	HI
metoclopramide hcl injection solution	Tier-1	HI
metoprolol tartrate intravenous solution	Tier-1	HI
metronidazole in nacl (iso-os)	Tier-1	HI
morphine intravenous syringe	Tier-1	HI
MYCAMINE	Tier-2	HI
nafcillin	Tier-1	HI
nafcillin in dextrose iso-osm	Tier-1	HI
ondansetron hcl (pf)	Tier-1	B/D; HI
oxacillin	Tier-1	HI
oxacillin in dextrose(iso-osm)	Tier-1	HI
penicillin g pot in dextrose	Tier-1	HI
penicillin g potassium	Tier-1	HI
penicillin g sodium	Tier-1	HI
piperacillin-tazobactam	Tier-1	HI
polymyxin b sulfate	Tier-1	HI
prochlorperazine edisylate	Tier-1	HI
PROGRAF INTRAVENOUS	Tier-2	B/D; HI
promethazine injection solution	Tier-1	HI
ranitidine hcl injection	Tier-1	HI
RETROVIR INTRAVENOUS	Tier-2	HI
rifampin intravenous	Tier-1	HI
streptomycin intramuscular	Tier-1	HI
sulfamethoxazole-trimethoprim intravenous	Tier-1	HI
SYNERCID	Tier-2	HI
TEFLARO	Tier-2	HI
tobramycin sulfate injection solution	Tier-1	HI
TYGACIL	Tier-2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
valproate sodium	Tier-1	HI
vancomycin intravenous	Tier-1	HI
VISTIDE	Tier-2	HI
voriconazole intravenous	Tier-1	HI
ZERBAXA	Tier-2	HI
ELECTROLYTES		
ammonium chloride	Tier-1	HI
d10 % & 0.45 % sodium chloride	Tier-1	HI
d10 %-0.9 % sodium chloride	Tier-1	HI
d2.5 %-0.45 % sodium chloride	Tier-1	HI
d5 % and 0.9 % sodium chloride	Tier-1	HI
d5 %-0.45 % sodium chloride	Tier-1	HI
dextrose 10 % and 0.2 % nacl	Tier-1	HI
dextrose 10 % in water (d10w) intravenous parenteral solution	Tier-1	HI
dextrose 5 % in water (d5w) intravenous parenteral solution	Tier-1	HI
dextrose 5 %-lactated ringers	Tier-1	HI
dextrose 5%-0.2 % sod chloride	Tier-1	HI
dextrose 5%-0.3 % sod.chloride	Tier-1	HI
IONOSOL-B IN D5W	Tier-2	HI
IONOSOL-MB IN D5W	Tier-2	HI
ISOLYTE-P IN 5 % DEXTROSE	Tier-2	HI
ISOLYTE-S	Tier-2	HI
magnesium sulfate injection	Tier-1	HI
NORMOSOL-M IN 5 % DEXTROSE	Tier-2	HI
NORMOSOL-R IN 5 % DEXTROSE	Tier-2	HI
NORMOSOL-R PH 7.4	Tier-2	HI
PLASMA-LYTE 148	Tier-2	HI
PLASMA-LYTE A	Tier-2	HI
PLASMA-LYTE-56 IN 5 % DEXTROSE	Tier-2	HI
potassium chlorid-d5-0.45%nacl	Tier-1	HI
potassium chloride in 0.9%nacl	Tier-1	HI
potassium chloride in 5 % dex	Tier-1	HI
potassium chloride in lr-d5	Tier-1	HI
potassium chloride intravenous	Tier-1	HI
potassium chloride-0.45 % nacl	Tier-1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
potassium chloride-d5-0.2%nacl	Tier-1	HI
potassium chloride-d5-0.3%nacl	Tier-1	HI
potassium chloride-d5-0.9%nacl	Tier-1	HI
potassium cl in d10-0.2 % nacl	Tier-1	HI
ringers intravenous	Tier-1	HI
sodium chloride 0.45 % intravenous parenteral solution	Tier-1	HI
sodium chloride 0.9 % intravenous parenteral solution	Tier-1	HI
sodium chloride 3 %	Tier-1	HI
sodium chloride 5 %	Tier-1	HI
sodium lactate intravenous solution	Tier-1	HI
IV NUTRITION		
AMINOSYN 7 % WITH ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN 8.5 %-ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN II 10 %	Tier-2	B/D; HI
AMINOSYN II 15 %	Tier-2	B/D; HI
AMINOSYN II 7 %	Tier-2	B/D; HI
AMINOSYN II 8.5 %	Tier-2	B/D; HI
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN M 3.5 %	Tier-2	B/D; HI
AMINOSYN-HBC 7%	Tier-2	B/D; HI
AMINOSYN-PF 10 %	Tier-2	B/D; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-2	B/D; HI
AMINOSYN-RF 5.2 %	Tier-2	B/D; HI
CLINIMIX 5%/D15W SULFITE FREE	Tier-2	B/D; HI
CLINIMIX 5%/D25W SULFITE-FREE	Tier-2	B/D; HI
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D10W SULF FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX 4.25%-D20W SULF-FREE	Tier-2	B/D; HI
CLINIMIX 4.25%-D25W SULF-FREE	Tier-2	B/D; HI
CLINIMIX 5%-D20W(SULFITE-FREE)	Tier-2	B/D; HI
CLINIMIX E 2.75%/D10W SUL FREE	Tier-2	B/D; HI
CLINIMIX E 2.75%/D5W SULF FREE	Tier-2	B/D; HI
CLINIMIX E 4.25%/D10W SUL FREE	Tier-2	B/D; HI
CLINIMIX E 4.25%/D25W SUL FREE	Tier-2	B/D; HI

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/D5W SULF FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D15W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D20W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D25W SULFIT FREE	Tier-2	B/D; HI
CLINISOL SF 15 %	Tier-2	B/D; HI
FREAMINE HBC 6.9 %	Tier-2	B/D; HI
HEPATAMINE 8%	Tier-2	B/D; HI
INTRALIPID	Tier-2	B/D; HI
NEPHRAMINE 5.4 %	Tier-2	B/D; HI
NUTRILIPID	Tier-2	B/D; HI
PREMASOL 10 %	Tier-2	B/D; HI
PREMASOL 6 %	Tier-2	B/D; HI
PROCALAMINE 3%	Tier-2	B/D; HI
PROSOL 20 %	Tier-2	B/D; HI
tpn electrolytes	Tier-1	B/D; HI
TRAVASOL 10 %	Tier-2	B/D; HI
TROPHAMINE 10 %	Tier-2	B/D; HI
TROPHAMINE 6%	Tier-2	B/D; HI
HORMONES		
ADRENAL CORTICOSTEROIDS		
a-hydrocort	Tier-1	
cortisone	Tier-1	
DEPO-MEDROL	Tier-2	
dexamethasone intensol	Tier-1	
dexamethasone oral elixir	Tier-1	
dexamethasone oral tablet	Tier-1	
dexpak 13 day	Tier-1	
fludrocortisone	Tier-1	
hydrocortisone oral	Tier-1	
MEDROL ORAL TABLET 2 MG	Tier-3	
methylprednisolone	Tier-1	
methylprednisolone acetate	Tier-1	
methylprednisolone sodium succ	Tier-1	
MILLIPRED	Tier-3	Transplant
ORAPRED ODT	Tier-3	Transplant
prednisolone sodium phosphate	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate oral	Tier-1	Transplant
PREDNISONE INTENSOL	Tier-3	Transplant
prednisone oral solution	Tier-1	Transplant
prednisone oral tablet	Tier-1	Transplant
SOLU-CORTEF	Tier-3	
SOLU-CORTEF (PF)	Tier-3	
SOLU-MEDROL	Tier-3	
SOLU-MEDROL (PF)	Tier-3	
VERIPRED 20	Tier-3	Transplant
ANDROGENS		
AVEED	Tier-3	
danazol oral	Tier-1	
DEPO-TESTOSTERONE	Tier-3	
METHITEST	Tier-3	
oxandrolone	Tier-1	
testosterone cypionate	Tier-1	
testosterone enanthate	Tier-1	
testosterone transdermal gel metered-dose pump	Tier-1	
testosterone transdermal gel in packet	Tier-1	
TESTRED	Tier-2	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-2	
FIRMAGON KIT W DILUENT SYRINGE	Tier-2	
LUPRON DEPOT	Tier-2	
LUPRON DEPOT (3 MONTH)	Tier-2	
LUPRON DEPOT (4 MONTH)	Tier-2	
LUPRON DEPOT (6 MONTH)	Tier-2	
LUPRON DEPOT-PED	Tier-2	
SYNAREL	Tier-2	
TRELSTAR	Tier-2	
TRELSTAR DEPOT	Tier-2	
TRELSTAR LA	Tier-2	
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
ARMOUR THYROID	Tier-3	
levothyroxine oral	Tier-1	
levoxyl	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
liothyronine oral	Tier-1	
methimazole	Tier-1	
propylthiouracil	Tier-1	
SYNTHROID	Tier-3	
THYROLAR-1	Tier-3	
THYROLAR-1/2	Tier-3	
THYROLAR-1/4	Tier-3	
THYROLAR-2	Tier-3	
THYROLAR-3	Tier-3	
TIROSINT	Tier-3	
TRIOSTAT	Tier-2	
unithroid	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB (PF)	Tier-2	Part B
ACTIMMUNE	Tier-2	
ADACEL (TDAP ADOLESN/ADULT)(PF)	Tier-2	
ADAGEN	Tier-2	
bcg vaccine, live (pf)	Tier-1	
BEXSERO (PF)	Tier-2	
BIVIGAM	Tier-2	PA
BOOSTRIX TDAP	Tier-2	
CARIMUNE NF NANOFILTERED	Tier-2	PA
CERVARIX VACCINE (PF)	Tier-2	
COMVAX (PF)	Tier-2	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier-2	
ENGERIX-B (PF) IM SYRINGE	Tier-2	B/D
ENGERIX-B PEDIATRIC (PF)	Tier-2	B/D
FLEBOGAMMA DIF	Tier-2	PA
GAMASTAN S/D	Tier-2	PA
GAMMAGARD LIQUID	Tier-2	PA
GAMMAKED	Tier-2	PA
GAMMAPLEX	Tier-2	PA
GAMUNEX-C	Tier-2	PA
GARDASIL (PF)	Tier-2	
GARDASIL 9 (PF)	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF)	Tier-2	
HYPERRAB S/D (PF)	Tier-2	
IMOVAX RABIES VACCINE (PF)	Tier-2	
INFANRIX (DTAP) (PF) IM SUSPENSION	Tier-2	
IPOL	Tier-2	
IXIARO (PF)	Tier-2	
MENACTRA (PF) IM SOLUTION	Tier-2	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-2	
MENVEO A-C-Y-W-135-DIP (PF)	Tier-2	
M-M-R II (PF)	Tier-2	
OCTAGAM	Tier-2	PA
PEDVAX HIB (PF)	Tier-2	
PNEUMOVAX 23 INJECTION SOLUTION	Tier-2	Part B
PREVNAR 13 (PF)	Tier-2	Part B
PRIVIGEN	Tier-2	PA
PROQUAD (PF)	Tier-2	
QUADRACEL (PF)	Tier-2	
RABAVERT (PF)	Tier-2	
RECOMBIVAX HB (PF)	Tier-2	B/D
ROTARIX	Tier-2	
ROTATEQ VACCINE	Tier-2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	Tier-2	
tetanus,diphtheria tox ped(pf)	Tier-1	
tetanus-diphtheria toxoids-td	Tier-1	
TRUMENBA	Tier-2	
TWINRIX (PF) IM SUSPENSION	Tier-2	
TYPHIM VI	Tier-2	
VAQTA (PF) INTRAMUSCULAR SYRINGE	Tier-2	
VARIVAX (PF)	Tier-2	
VARIZIG INTRAMUSCULAR SOLUTION	Tier-2	
VIVOTIF BERNA VACCINE	Tier-2	
YF-VAX (PF)	Tier-2	
ZOSTAVAX (PF)	Tier-2	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-3	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
ATGAM	Tier-2	B/D
BENLYSTA	Tier-2	PA
CELLCEPT ORAL SUSPENSION	Tier-2	B/D
cyclosporine modified	Tier-1	B/D
cyclosporine oral capsule	Tier-1	B/D
gengraf	Tier-1	B/D
mycophenolate mofetil	Tier-1	B/D
mycophenolate sodium	Tier-1	B/D
NULOJIX	Tier-2	B/D
RAPAMUNE ORAL SOLUTION	Tier-2	B/D
SIMULECT	Tier-2	B/D
sirolimus	Tier-1	B/D
tacrolimus oral	Tier-1	B/D
THYMOGLOBULIN	Tier-2	B/D
ZORTRESS	Tier-2	B/D; QL (180 EA per 90 days)
MISCELLANEOUS DRUGS		
ACROMEGALY		
octreotide acetate injection solution	Tier-1	
SANDOSTATIN LAR DEPOT IM KIT	Tier-2	
SIGNIFOR LAR	Tier-2	PA; QL (2 EA per 28 days)
SOMATULINE DEPOT	Tier-2	
SOMAVERT	Tier-2	PA
AMYOTROPHIC LATERAL SCLEROSIS		
riluzole	Tier-2	
ANAPHYLAXIS EMERGENCY		
AUVI-Q	Tier-2	QL (2 EA per 1 day)
epinephrine injection auto-injector	Tier-1	QL (2 EA per 1 day)
EPIPEN 2-PAK	Tier-2	QL (2 EA per 1 day)
EPIPEN JR 2-PAK	Tier-2	QL (2 EA per 1 day)
midodrine	Tier-1	
BOTULINUM TOXINS		
BOTOX	Tier-2	PA
DYSPORT	Tier-2	PA
XEOMIN	Tier-2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
CASTLEMAN DISEASE		
SYLVANT	Tier-2	PA
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST	Tier-2	PA
ILARIS (PF)	Tier-2	PA
CUSHING DISEASE		
KORLYM	Tier-2	PA; QL (120 EA per 30 days)
SIGNIFOR	Tier-2	PA; QL (60 ML per 30 days)
CYSTIC FIBROSIS		
BETHKIS	Tier-2	B/D
CAYSTON	Tier-2	
KALYDECO	Tier-2	PA; QL (60 EA per 30 days)
PULMOZYME	Tier-2	B/D
TOBI PODHALER	Tier-2	
tobramycin in 0.225 % nacl	Tier-1	B/D
CYSTINURIA		
CYSTADANE	Tier-2	
DETOXIFICATION AGENTS		
CHEMET	Tier-3	
EXJADE	Tier-2	
FERRIPROX	Tier-2	
JADENU	Tier-2	
FABRY DISEASE		
FABRAZYME	Tier-2	PA
GAUCHER DISEASE		
CERDELGA	Tier-2	PA
CEREZYME	Tier-2	PA
ELELYSO	Tier-2	PA
VPRIV	Tier-2	PA
ZAVESCA	Tier-2	PA
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-2	PA
GENOTROPIN	Tier-2	PA
GENOTROPIN MINIQUICK	Tier-2	PA
HUMATROPE	Tier-2	PA
INCRELEX	Tier-2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO	Tier-2	PA
NORDITROPIN NORDIFLEX	Tier-2	PA
NUTROPIN AQ NUSPIN	Tier-2	PA
NUTROPIN AQ SQ CARTRIDGE	Tier-2	PA
OMNITROPE	Tier-2	PA
SAIZEN	Tier-2	PA
SAIZEN CLICK.EASY	Tier-2	PA
SEROSTIM	Tier-2	PA
ZOMACTON	Tier-2	PA
ZORBTIVE	Tier-2	PA
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	Tier-2	
CINRYZE	Tier-2	PA
FIRAZYR	Tier-2	PA; QL (3 ML per 7 days)
RUCONEST	Tier-2	
HEREDITARY TYROSINEMIA TYPE 1		
ORFADIN	Tier-2	PA
HUNTINGTON DISEASE		
XENAZINE ORAL TABLET 12.5 MG	Tier-2	PA; QL (90 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	Tier-2	PA; QL (120 EA per 30 days)
HYPERCALCEMIA		
SENSIPAR	Tier-2	
HYPERPARATHYROIDISM		
calcitriol oral	Tier-1	
doxercalciferol	Tier-1	
paricalcitol	Tier-1	
HYPOPARATHYROIDISM		
NATPARA	Tier-2	PA; QL (2 EA per 28 days)
MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	Tier-2	
ELAPRASE	Tier-2	
LUMIZYME	Tier-2	
NAGLAZYME	Tier-2	
MULTIPLE SCLEROSIS		
AMPYRA	Tier-2	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
AUBAGIO	Tier-2	PA; QL (30 EA per 30 Days)
AVONEX (WITH ALBUMIN)	Tier-2	QL (4 EA per 28 days)
AVONEX IM PEN INJECTOR KIT	Tier-2	QL (4 EA per 28 days)
AVONEX IM SYRINGE KIT	Tier-2	QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	Tier-2	QL (15 EA per 30 days)
COPAXONE SQ SYRINGE 20 MG/ML	Tier-2	QL (30 ML per 30 days)
COPAXONE SQ SYRINGE 40 MG/ML	Tier-2	QL (12 ML per 28 days)
EXTAVIA SUBCUTANEOUS KIT	Tier-2	QL (15 EA per 30 days)
GILENYA	Tier-2	PA; QL (30 EA per 30 Days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier-2	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier-2	QL (1 ML per 28 days)
REBIF (WITH ALBUMIN)	Tier-2	QL (12 ML per 28 days)
REBIF REBIDOSE	Tier-2	QL (12 ML per 28 days)
REBIF TITRATION PACK	Tier-2	QL (12 ML per 28 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier-2	PA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier-2	PA; QL (60 EA per 30 Days)
TYSABRI	Tier-2	PA; LA
MYASTHENIA GRAVIS		
guanidine	Tier-1	
MESTINON ORAL SYRUP	Tier-3	
MESTINON TIMESPAN	Tier-2	
pyridostigmine bromide oral tablet	Tier-1	
PAGET'S DISEASE		
etidronate disodium	Tier-1	
PHENYLKETONURIA		
KUVAN	Tier-2	PA
PHEOCHROMOCYTOMA		
DEMSER	Tier-2	
PHOSPHATE BINDERS		
AURYXIA	Tier-3	
calcium acetate oral capsule	Tier-1	
FOSRENOL	Tier-2	
PHOSLYRA	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
RENAGEL	Tier-2	
RENVELA	Tier-2	
VELPHORO	Tier-2	
POMPE DISEASE		
MYOZYME	Tier-2	
POTASSIUM BINDER		
kionex oral powder	Tier-1	
sodium polystyrene (sorb free)	Tier-1	
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-2	
VIRAZOLE	Tier-2	
SMOKING CESSATION		
buproban	Tier-1	
CHANTIX	Tier-3	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	Tier-3	QL (56 EA per 28 days)
CHANTIX STARTING MONTH BOX	Tier-3	QL (53 EA per 28 days)
NICOTROL	Tier-2	
NICOTROL NS	Tier-3	
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
alfuzosin	Tier-1	
AVODART	Tier-2	
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier-3	PA; QL (30 EA per 30 days)
finasteride oral tablet 5 mg	Tier-1	
JALYN	Tier-2	
tamsulosin	Tier-1	
UREA CYCLE DISORDERS		
RAVICTI	Tier-2	PA
UROLOGIC DISORDERS		
bethanechol chloride	Tier-1	
desmopressin injection	Tier-1	
desmopressin nasal solution	Tier-1	
desmopressin nasal spray,non-aerosol	Tier-1	
desmopressin oral	Tier-1	
ELMIRON	Tier-3	
ENABLEX	Tier-3	STPA
flavoxate	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
GELNIQUE	Tier-2	
MYRBETRIQ	Tier-3	STPA
oxybutynin chloride oral	Tier-1	
potassium citrate	Tier-1	
SAMSCA	Tier-3	
tolterodine	Tier-2	
trospium	Tier-1	
UROCIT-K 10	Tier-3	
UROCIT-K 15	Tier-3	
UROCIT-K 5	Tier-3	
VESICARE	Tier-2	
WILSON'S DISEASE		
CUPRIMINE	Tier-2	
DEPEN TITRATABS	Tier-2	
SYPRINE	Tier-2	
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
donepezil	Tier-1	
ergoloid	Tier-1	
EXELON TRANSDERMAL	Tier-3	
galantamine	Tier-1	
NAMENDA XR	Tier-2	
rivastigmine tartrate	Tier-1	
MIGRAINE THERAPY		
dihydroergotamine injection	Tier-1	PA
dihydroergotamine nasal	Tier-1	PA
MIGERGOT	Tier-2	
MIGRANAL	Tier-3	
naratriptan	Tier-1	
rizatriptan	Tier-1	
sumatriptan	Tier-1	
sumatriptan succinate oral	Tier-1	
sumatriptan succinate subcutaneous pen injector	Tier-1	
sumatriptan succinate subcutaneous solution	Tier-1	
zolmitriptan	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
PARKINSONS DISEASE		
APOKYN	Tier-2	
AZILECT	Tier-2	
benztropine oral	Tier-1	PA
bromocriptine	Tier-1	
cabergoline	Tier-1	
carbidopa	Tier-1	
carbidopa-levodopa	Tier-1	
carbidopa-levodopa-entacapone	Tier-1	
CYCLOSET	Tier-2	
DUOPA	Tier-3	
entacapone	Tier-1	
NEUPRO	Tier-3	QL (30 EA per 30 days)
pramipexole oral tablet	Tier-1	
pramipexole tablet ext-rel 24 hr 0.75 mg, 1.5 mg	Tier-1	
ropinirole	Tier-1	
RYTARY	Tier-3	
selegiline hcl	Tier-1	
TASMAR	Tier-2	
tolcapone	Tier-1	
trihexyphenidyl	Tier-1	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA	Tier-2	PA
SEIZURES		
APTIOM	Tier-3	PA
BANZEL	Tier-2	
carbamazepine	Tier-1	
CELONTIN	Tier-3	
CEREBYX	Tier-3	
clonazepam	Tier-1	
diazepam intensol	Tier-1	
diazepam oral solution	Tier-1	
diazepam oral tablet	Tier-1	
diazepam rectal	Tier-1	
DILANTIN	Tier-2	
DILANTIN EXTENDED	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
DILANTIN INFATABS	Tier-2	
DILANTIN-125	Tier-2	
divalproex	Tier-1	
epitol	Tier-1	
ethosuximide	Tier-1	
felbamate	Tier-1	
FYCOMPA	Tier-3	PA
gabapentin	Tier-1	
GABITRIL	Tier-2	
HORIZANT	Tier-3	QL (60 EA per 30 days)
lamotrigine oral tablet	Tier-1	
lamotrigine oral tablet extended release 24hr	Tier-2	
lamotrigine oral tablet, chewable dispersible	Tier-1	
lamotrigine oral tablet,disintegrating	Tier-1	
levetiracetam	Tier-1	
LYRICA	Tier-3	STPA
ONFI ORAL SUSPENSION	Tier-3	
ONFI ORAL TABLET	Tier-3	QL (60 EA per 30 days)
oxcarbazepine	Tier-1	
OXTELLAR XR	Tier-3	
PEGANONE	Tier-3	
phenobarbital	Tier-1	PA
phenytoin oral suspension	Tier-1	
phenytoin oral tablet,chewable	Tier-1	
phenytoin sodium extended	Tier-1	
phenytoin sodium intravenous solution	Tier-1	
POTIGA	Tier-3	PA
primidone	Tier-1	
QUDEXY XR	Tier-3	
SABRIL	Tier-2	
SAVELLA ORAL TABLET	Tier-2	STPA; QL (180 EA per 90 days)
TEGRETOL XR TAB EXT-REL 12 HR 100 MG	Tier-2	
tiagabine	Tier-1	
topiramate	Tier-1	
TROKENDI XR	Tier-3	
valproic acid	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
valproic acid (as sodium salt) oral solution	Tier-1	
VIMPAT INTRAVENOUS	Tier-3	
VIMPAT ORAL SOLUTION	Tier-3	PA
VIMPAT ORAL TABLET	Tier-3	PA; QL (180 EA per 90 days)
zonisamide	Tier-1	
SPASTICITY		
baclofen	Tier-1	
cyclobenzaprine oral tablet	Tier-1	PA
dantrolene	Tier-1	
tizanidine	Tier-1	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-2	PA
AZASAN	Tier-3	B/D
azathioprine	Tier-1	B/D
CIMZIA	Tier-2	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	Tier-2	PA
diclofenac sodium topical drops	Tier-1	
ENBREL SQ SOLUTION	Tier-2	PA; QL (8 EA per 28 Days)
ENBREL SQ SYRINGE 25 MG/0.5ML (0.51)	Tier-2	PA; QL (8.16 ML per 28 Days)
ENBREL SQ SYRINGE 50 MG/ML (0.98 ML)	Tier-2	PA; QL (7.84 ML per 28 Days)
ENBREL SURECLICK	Tier-2	PA; QL (7.84 ML per 28 days)
HUMIRA	Tier-2	PA; QL (6 EA per 28 days)
HUMIRA CROHN'S DIS START PCK	Tier-2	PA
KINERET	Tier-2	PA; QL (20.1 ML per 28 days)
leflunomide	Tier-1	
methotrexate sodium oral	Tier-1	B/D
ORENCIA	Tier-2	PA; QL (4 ML per 28 Days)
ORENCIA (WITH MALTOSE)	Tier-2	PA
OTREXUP (PF)	Tier-3	
REMICADE	Tier-2	PA
RIDAURA	Tier-2	
SIMPONI ARIA	Tier-2	PA
SIMPONI SQ PEN INJECTOR 100 MG/ML	Tier-2	PA; QL (1 ML per 28 days)
SIMPONI SQ PEN INJECTOR 50 MG/0.5 ML	Tier-2	PA; QL (0.5 ML per 28 days)
SIMPONI SQ SYRINGE 100 MG/ML	Tier-2	PA; QL (4 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SQ SYRINGE 50 MG/0.5 ML	Tier-2	PA; QL (0.5 ML per 28 Days)
TREXALL	Tier-3	B/D
VOLTAREN TOPICAL	Tier-3	
XELJANZ	Tier-2	PA; QL (60 EA per 30 days)
GOUT		
allopurinol	Tier-1	
colchicine oral	Tier-1	
colchicine-probenecid	Tier-1	
probenecid	Tier-1	
ULORIC	Tier-3	STPA
PAIN, NSAID ANALGESICS		
celecoxib	Tier-2	PA
diclofenac potassium	Tier-1	
diclofenac sodium oral	Tier-1	
diclofenac-misoprostol	Tier-1	
diflunisal	Tier-1	
etodolac	Tier-1	
fenoprofen oral tablet	Tier-1	
flurbiprofen	Tier-1	
ibuprofen oral suspension	Tier-1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier-1	
INDOCIN ORAL	Tier-3	
indomethacin oral	Tier-1	PA
ketoprofen	Tier-1	
meclofenamate oral	Tier-1	
mefenamic acid	Tier-1	
meloxicam	Tier-1	
nabumetone	Tier-1	
naproxen	Tier-1	
naproxen sodium oral	Tier-1	
oxaprozin	Tier-1	
piroxicam	Tier-1	
sulindac oral	Tier-1	
tolmetin	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL	Tier-2	PA; QL (120 EA per 30 days)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier-1	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	Tier-1	QL (300 EA per 30 days)
acetaminophen-codein tab 300-30 mg, 300-60 mg	Tier-1	QL (400 EA per 30 days)
ACTIQ	Tier-2	PA; QL (120 EA per 30 days)
butorphanol tartrate nasal	Tier-1	QL (7.5 ML per 30 days)
BUTRANS	Tier-3	QL (4 EA per 28 Days)
codeine sulfate oral tablet	Tier-1	QL (180 EA per 30 days)
DILAUDID ORAL LIQUID	Tier-3	QL (1440 ML per 30 days)
EMBEDA ORAL CAPSULE EXT-REL PELL	Tier-3	QL (60 EA per 30 days)
endocet tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier-1	QL (360 EA per 30 days)
fentanyl citrate	Tier-1	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier-1	QL (10 EA per 30 days)
FENTORA	Tier-2	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier-1	QL (5540 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier-1	QL (400 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier-1	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier-1	QL (480 EA per 30 days)
hydromorphone oral liquid	Tier-1	QL (1350 ML per 30 days)
hydromorphone oral tablet	Tier-1	QL (360 EA per 30 days)
hydromorphone oral tablet extended release 24 hr	Tier-1	QL (30 EA per 30 days)
HYSINGLA ER	Tier-3	QL (60 EA per 30 days)
ibuprofen-oxycodone	Tier-1	QL (240 EA per 30 days)
LAZANDA	Tier-2	PA; QL (30 EA per 30 days)
levorphanol tartrate	Tier-1	QL (240 EA per 30 days)
methadone oral solution 10 mg/5 ml	Tier-1	QL (1800 ML per 30 days)
methadone oral solution 5 mg/5 ml	Tier-1	QL (3600 ML per 30 days)
methadone oral tablet	Tier-1	QL (120 EA per 30 days)
morphine concentrate oral solution	Tier-1	QL (540 ML per 30 days)
morphine oral capsule, er multiphase 24 hr	Tier-1	QL (60 EA per 30 days)
morphine oral capsule,extend.release pellets	Tier-1	QL (60 EA per 30 days)
morphine oral solution	Tier-1	QL (960 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
morphine oral tablet	Tier-1	QL (180 EA per 30 days)
morphine oral tablet extended release	Tier-1	QL (60 EA per 30 days)
oxycodone oral capsule	Tier-1	QL (360 EA per 30 days)
oxycodone oral concentrate	Tier-1	QL (120 ML per 30 days)
oxycodone oral solution	Tier-1	QL (2400 ML per 30 Days)
oxycodone tablet 10 mg, 15 mg, 20 mg, 30 mg	Tier-1	QL (180 EA per 30 days)
oxycodone oral tablet 5 mg	Tier-1	QL (360 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr	Tier-1	QL (120 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier-1	QL (360 EA per 30 days)
oxycodone-aspirin	Tier-1	QL (360 EA per 30 days)
OXYCONTIN ORAL TABLET	Tier-2	QL (120 EA per 30 days)
oxymorphone oral tablet	Tier-1	QL (180 EA per 30 days)
oxymorphone oral tablet extended release 12 hr	Tier-1	QL (60 EA per 30 Days)
SUBSYS	Tier-2	PA; QL (120 EA per 30 days)
tramadol	Tier-1	
tramadol-acetaminophen	Tier-1	QL (360 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
acamprosate	Tier-1	
disulfiram	Tier-1	
naltrexone oral	Tier-1	
ANXIETY		
alprazolam	Tier-1	
alprazolam intensol	Tier-1	
amitriptyline-chlordiazepoxide	Tier-1	
buspirone	Tier-1	
clorazepate dipotassium	Tier-1	
lorazepam intensol	Tier-1	
lorazepam oral tablet	Tier-1	
oxazepam	Tier-1	
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-3	STPA
amphetamine salt combo	Tier-1	
clonidine hcl oral tablet extended release 12 hr	Tier-1	
DESOXYN	Tier-3	
DEXEDRINE SPANSULE	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate	Tier-1	
dextroamphetamine capsule, extended release	Tier-1	
dextroamphetamine oral tablet	Tier-1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr	Tier-1	
FOCALIN XR	Tier-2	STPA
guanfacine oral tablet extended release 24 hr	Tier-1	PA; QL (90 EA per 90 days)
KAPVAY	Tier-3	
METADATE CD	Tier-3	
METADATE ER	Tier-3	
methamphetamine	Tier-1	
METHYLIN ORAL SOLUTION	Tier-2	
METHYLIN ORAL TABLET,CHEWABLE	Tier-2	
methylphenidate oral	Tier-1	
QUILLIVANT XR	Tier-3	STPA
STRATTERA CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (60 EA per 30 days)
STRATTERA CAPSULE 100 MG, 80 MG	Tier-2	QL (30 EA per 30 days)
VYVANSE	Tier-3	STPA
BIPOLAR DISORDER		
EQUETRO	Tier-3	
lithium carbonate	Tier-1	
lithium citrate	Tier-1	
olanzapine-fluoxetine	Tier-1	STPA
RISPERDAL CONSTA	Tier-2	
risperidone oral solution	Tier-1	
risperidone oral tablet	Tier-1	
risperidone oral tablet,disintegrating	Tier-1	
DEPRESSION		
amitriptyline	Tier-1	PA
amoxapine	Tier-1	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG	Tier-3	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	Tier-2	STPA
BRINTELLIX	Tier-3	STPA
bupropion hcl	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
citalopram	Tier-1	
clomipramine	Tier-1	PA
desipramine oral	Tier-1	
desvenlafaxine oral tablet extended release 24 hr	Tier-1	
doxepin oral	Tier-1	PA
duloxetine capsule, delayed release 20 & 60 mg	Tier-2	QL (60 EA per 30 Days)
duloxetine capsule, delayed release 30 mg	Tier-2	QL (90 EA per 30 days)
DULOXETINE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	Tier-3	STPA; QL (60 EA per 30 days)
EMSAM	Tier-2	STPA
escitalopram oxalate	Tier-1	
FETZIMA	Tier-3	STPA
fluoxetine	Tier-1	
fluvoxamine	Tier-1	
imipramine hcl	Tier-1	PA
imipramine pamoate	Tier-1	PA
IRENKA	Tier-3	STPA; QL (60 EA per 30 days)
KHEDEZLA	Tier-3	STPA
maprotiline	Tier-1	
MARPLAN	Tier-3	
mirtazapine	Tier-1	
nefazodone	Tier-1	
nortriptyline	Tier-1	
paroxetine hcl oral tablet	Tier-1	
paroxetine hcl oral tablet extended release 24 hr	Tier-1	
PAXIL ORAL SUSPENSION	Tier-3	
PEXEVA	Tier-3	STPA
phenelzine	Tier-1	
PRISTIQ	Tier-3	STPA
protriptyline	Tier-1	
sertraline	Tier-1	
SURMONTIL	Tier-2	PA
tranylcypromine	Tier-1	
trazodone	Tier-1	
venlafaxine	Tier-1	
VIIBRYD ORAL TABLET	Tier-3	STPA

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	Tier-3	STPA
INSOMNIA		
estazolam	Tier-1	
eszopiclone	Tier-2	PA; QL (90 EA per 365 days)
flurazepam	Tier-1	
HETLIOZ	Tier-3	PA
ROZEREM	Tier-3	QL (30 EA per 30 days)
SILENOR	Tier-3	QL (30 EA per 30 days)
temazepam	Tier-1	
triazolam	Tier-1	
zaleplon	Tier-1	PA; QL (90 EA per 365 days)
zolpidem	Tier-1	PA; QL (90 EA per 365 days)
NARCOLEPSY		
modafinil	Tier-1	PA
NUVIGIL	Tier-3	PA
XYREM	Tier-2	LA
OPIOID ANTAGONISTS		
BUNAVAIL	Tier-3	PA; QL (90 EA per 30 days)
buprenorphine hcl sublingual	Tier-1	PA; QL (90 EA per 30 days)
buprenorphine-naloxone	Tier-1	PA; QL (90 EA per 30 days)
naloxone	Tier-1	
SUBOXONE SUBLINGUAL FILM	Tier-3	PA; QL (90 EA per 30 days)
ZUBSOLV	Tier-3	PA; QL (90 EA per 30 days)
PSYCHOSES		
ABILIFY DISCMELT 10 MG	Tier-3	STPA
ABILIFY MAINTENA	Tier-2	
aripiprazole oral tablet	Tier-2	STPA
chlorpromazine	Tier-1	
clozapine	Tier-1	
FANAPT	Tier-3	STPA
FAZACLO	Tier-2	
fluphenazine decanoate	Tier-1	
fluphenazine hcl	Tier-1	
GEODON INTRAMUSCULAR	Tier-3	
haloperidol	Tier-1	
haloperidol decanoate	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
haloperidol lactate	Tier-1	
INVEGA	Tier-3	STPA
INVEGA SUSTENNA	Tier-2	
LATUDA ORAL TABLET 20, 40, 60 & 120 MG	Tier-3	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (60 EA per 30 Days)
loxapine succinate	Tier-1	
olanzapine intramuscular	Tier-1	
olanzapine oral	Tier-1	STPA
ORAP	Tier-2	
perphenazine	Tier-1	
perphenazine-amitriptyline	Tier-1	
quetiapine oral tablet 100, 200, 300 & 400 mg	Tier-1	STPA
quetiapine oral tablet 25 & 50 mg	Tier-1	STPA; QL (60 EA per 30 days)
SAPHRIS	Tier-3	STPA
SAPHRIS (BLACK CHERRY)	Tier-3	STPA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	Tier-2	STPA
thioridazine	Tier-1	PA
thiothixene	Tier-1	
trifluoperazine	Tier-1	
VERSACLOZ	Tier-3	
ziprasidone hcl	Tier-1	STPA
ZYPREXA INTRAMUSCULAR	Tier-2	
ZYPREXA RELPREVV	Tier-2	
RESPIRATORY DRUGS		
ASTHMA		
ADVAIR DISKUS	Tier-2	QL (180 EA per 90 days)
ADVAIR HFA	Tier-2	QL (72 GM per 90 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	Tier-1	B/D; QL (1080 ML per 90 days)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	Tier-1	B/D; QL (180 ML per 90 days)
albuterol sulfate oral	Tier-1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier-3	QL (36.6 GM per 90 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier-3	QL (18.3 GM per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	Tier-2	QL (180 EA per 90 days)
ARCAPTA NEOHALER	Tier-3	QL (90 EA per 90 days)
ASMANEX TWISTHALER	Tier-2	QL (360 EA per 90 Days)
ATROVENT HFA	Tier-2	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	Tier-2	QL (180 EA per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	Tier-2	QL (90 EA per 90 days)
BROVANA	Tier-3	B/D; QL (360 ML per 90 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	Tier-1	B/D; QL (720 ML per 90 days)
COMBIVENT RESPIMAT	Tier-2	QL (24 GM per 90 days)
cromolyn inhalation	Tier-1	B/D; QL (720 ML per 90 days)
elixophyllin	Tier-1	
FLOVENT DISKUS	Tier-2	QL (360 EA per 90 days)
FLOVENT HFA	Tier-2	QL (72 GM per 90 days)
FORADIL AEROLIZER	Tier-3	QL (180 EA per 90 Days)
ipratropium bromide inhalation	Tier-1	B/D; QL (900 ML per 90 days)
ipratropium-albuterol	Tier-1	B/D; QL (1620 ML per 90 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml	Tier-1	B/D; QL (3240 ML per 90 days)
levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml	Tier-1	B/D; QL (1620 ML per 90 days)
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	Tier-1	B/D; QL (810 EA per 90 days)
metaproterenol oral	Tier-1	
montelukast	Tier-1	
PERFOROMIST	Tier-2	B/D; QL (360 ML per 90 Days)
PROAIR HFA	Tier-2	QL (51 GM per 90 days)
PROAIR RESPICLICK	Tier-2	QL (6 EA per 90 days)
PROVENTIL HFA	Tier-3	QL (40.2 GM per 90 days)
PULMICORT FLEXHALER	Tier-3	QL (6 EA per 90 days)
PULMICORT SUSPENSION 1 MG/2 ML	Tier-3	QL (720 ML per 90 days)
QVAR	Tier-2	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-2	QL (180 EA per 90 days)
SPIRIVA WITH HANDIHALER	Tier-2	QL (90 EA per 90 days)
STRIVERDI RESPIMAT	Tier-3	QL (180 GM per 90 days)
SYMBICORT	Tier-2	QL (30.6 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
terbutaline oral	Tier-1	
theophylline oral solution	Tier-1	
theophylline oral tablet extended release	Tier-1	
theophylline oral tablet extended release 12 hr	Tier-1	
TUDORZA PRESSAIR	Tier-3	QL (3 EA per 90 days)
VENTOLIN HFA	Tier-3	QL (108 GM per 90 days)
XOPENEX HFA	Tier-3	QL (90 GM per 90 days)
zafirlukast	Tier-1	
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET	Tier-2	PA; QL (270 EA per 30 days)
OFEV	Tier-2	PA; QL (60 EA per 30 days)
PULMONARY HYPERTENSION		
ADCIRCA	Tier-2	PA
ADEMPAS	Tier-2	PA
epoprostenol (glycine)	Tier-1	PA
FLOLAN	Tier-2	PA
LETAIRIS	Tier-2	PA
OPSUMIT	Tier-2	PA
ORENITRAM	Tier-3	PA
REMODULIN	Tier-2	PA
REVATIO ORAL SUSPENSION	Tier-2	PA
sildenafil intravenous	Tier-1	PA
sildenafil oral	Tier-2	PA
TRACLEER	Tier-2	PA; LA
TYVASO	Tier-2	PA
VELETRI	Tier-2	PA
VENTAVIS	Tier-2	PA
RESPIRATORY DRUGS, MISCELLANEOUS		
acetylcysteine solution	Tier-1	B/D
ARALAST NP	Tier-2	
DALIRESP	Tier-3	
GLASSIA	Tier-2	
GRASTEK	Tier-3	PA
PROLASTIN-C	Tier-2	
RAGWITEK	Tier-3	PA
XOLAIR	Tier-2	PA

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Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA	Tier-2	
SKIN		
ACNE ROSACEA		
FINACEA TOPICAL GEL	Tier-2	
metronidazole topical cream	Tier-1	
metronidazole topical gel	Tier-1	
metronidazole topical lotion	Tier-1	
NORITATE	Tier-3	
SOOLANTRA	Tier-3	
ACNE VULGARIS		
ABSORICA	Tier-3	
adapalene topical cream	Tier-1	PA
adapalene topical gel	Tier-1	PA
amnesteem	Tier-1	
ATRALIN	Tier-3	PA
avita	Tier-1	PA
AZELEX	Tier-3	
claravis	Tier-1	
CLINDAGEL	Tier-3	
clindamax topical gel	Tier-1	
clindamycin phosphate topical	Tier-1	
clindamycin-benzoyl peroxide	Tier-1	
DIFFERIN TOPICAL LOTION	Tier-3	PA
ery pads	Tier-1	
erythromycin with ethanol topical gel	Tier-1	
erythromycin with ethanol topical solution	Tier-1	
erythromycin-benzoyl peroxide	Tier-1	
EVOCLIN	Tier-3	
FABIOR	Tier-3	PA
RETIN-A	Tier-3	PA
RETIN-A MICRO	Tier-3	PA
tretinoin microspheres topical gel with pump	Tier-1	PA
tretinoin topical	Tier-1	PA
BACTERIAL INFECTIONS, TOPICAL		
ALTABAX	Tier-3	
CORTISPORIN TOPICAL	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
gentamicin topical	Tier-1	
mupirocin	Tier-1	
mupirocin calcium	Tier-1	
silver sulfadiazine	Tier-1	
ssd	Tier-1	
CORTICOSTEROIDS, TOPICAL		
ala-cort topical cream	Tier-1	
ALA-SCALP	Tier-3	
alclometasone	Tier-1	
amcinonide	Tier-1	
apexicon e	Tier-1	
betamethasone dipropionate	Tier-1	
betamethasone valerate	Tier-1	
betamethasone, augmented	Tier-1	
CAPEX	Tier-3	
clobetasol topical foam	Tier-1	
clobetasol topical gel	Tier-1	
clobetasol topical lotion	Tier-1	
clobetasol topical ointment	Tier-1	
clobetasol topical shampoo	Tier-1	
clobetasol topical solution	Tier-1	
clobetasol topical spray,non-aerosol	Tier-1	
clobetasol-emollient topical cream	Tier-1	
clodan	Tier-1	
CLODERM	Tier-3	
CORDRAN TAPE LARGE ROLL	Tier-3	
CORDRAN TOPICAL LOTION	Tier-3	
cormax topical solution	Tier-1	
desonide	Tier-1	
desoximetasone	Tier-1	
diflorasone	Tier-1	
fluocinolone	Tier-1	
fluocinonide	Tier-1	
fluocinonide-e	Tier-1	
fluticasone topical	Tier-1	
halobetasol propionate	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Drug Tier	Requirements/Limits
HALOG	Tier-3	
hydrocortisone butyrate topical ointment	Tier-1	
hydrocortisone butyrate topical solution	Tier-1	
hydrocortisone butyr-emollient	Tier-1	
hydrocortisone topical cream	Tier-1	
hydrocortisone topical lotion	Tier-1	
hydrocortisone topical ointment	Tier-1	
hydrocortisone valerate	Tier-2	
KENALOG TOPICAL	Tier-3	
mometasone	Tier-1	
PANDEL	Tier-3	
prednicarbate	Tier-1	
triamcinolone acetonide topical	Tier-1	
TRIANEX	Tier-3	
triderm topical cream	Tier-1	
FUNGAL INFECTIONS, TOPICAL		
ciclopirox	Tier-1	
clotrimazole topical	Tier-1	
clotrimazole-betamethasone	Tier-1	
econazole topical	Tier-1	
ERTACZO	Tier-3	
EXELDERM	Tier-3	
ketoconazole topical cream	Tier-1	
ketoconazole topical shampoo	Tier-1	
MENTAX	Tier-3	
naftifine	Tier-1	
NAFTIN TOPICAL CREAM 2 %	Tier-2	
NAFTIN TOPICAL GEL	Tier-2	
nyamyc	Tier-1	
nystatin oral suspension	Tier-1	
nystatin topical	Tier-1	
nystatin-triamcinolone	Tier-2	
nystop	Tier-1	
OXISTAT	Tier-2	
PSORIASIS AND SEBORRHEA		
acitretin	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
calcipotriene	Tier-1	
calcipotriene-betamethasone	Tier-1	
calcitriol topical	Tier-1	
COSENTYX PEN	Tier-2	PA; QL (2 ML per 28 days)
methoxsalen rapid	Tier-1	
OTEZLA	Tier-2	PA
OTEZLA STARTER	Tier-2	PA
STELARA SUBCUTANEOUS SYRINGE	Tier-2	PA
TAZORAC	Tier-3	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-2	
lindane	Tier-1	
malathion	Tier-1	
permethrin topical cream	Tier-1	
SKLICE	Tier-3	
ULESFIA	Tier-3	
TOPICAL, MISCELLANEOUS		
ammonium lactate topical	Tier-1	
ANUSOL-HC RECTAL CREAM	Tier-3	
diclofenac sodium topical gel	Tier-1	
ELIDEL	Tier-3	STPA
FLUOROPLEX	Tier-2	
fluorouracil topical	Tier-1	
lidocaine hcl mucous membrane gel	Tier-1	
lidocaine hcl mucous membrane solution	Tier-1	
lidocaine topical adhesive patch,medicated	Tier-2	PA; QL (90 EA per 30 Days)
lidocaine topical ointment	Tier-1	
lidocaine-prilocaine topical cream	Tier-1	
neomycin-polymyxin b gu	Tier-1	
PANRETIN	Tier-2	
PICATO	Tier-3	
proctosol hc	Tier-1	
prudoxin	Tier-1	
REGRANEX	Tier-2	
SANTYL	Tier-2	
selenium sulfide topical suspension	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride irrigation	Tier-1	
sulfacetamide sodium	Tier-1	
SULFAMYLON	Tier-3	
tacrolimus topical	Tier-1	
TARGRETIN TOPICAL	Tier-2	
UCERIS RECTAL	Tier-2	
VALCHLOR	Tier-2	
water for irrigation, sterile	Tier-1	
ZONALON	Tier-3	
VIRAL INFECTIONS, TOPICAL		
acyclovir topical	Tier-1	
CONDYLOX TOPICAL GEL	Tier-3	
DENAVIR	Tier-3	
imiquimod	Tier-1	
podofilox	Tier-1	
ZOVIRAX TOPICAL CREAM	Tier-2	
WOMENS HEALTH		
CONTRACEPTIVES		
amethia	Tier-1	
amethyst	Tier-1	
apri	Tier-1	
aranelle (28)	Tier-1	
ashlyna	Tier-1	
aubra	Tier-1	
aviane	Tier-1	
balziva (28)	Tier-1	
BEYAZ	Tier-3	
briellyn	Tier-1	
camila	Tier-1	
deblitane	Tier-1	
delyla (28)	Tier-1	
desog-e.estradiol/e.estradiol	Tier-1	
drospirenone-ethinyl estradiol	Tier-1	
emoquette	Tier-1	
errin	Tier-1	
estradiol-norethindrone acet	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
falmina (28)	Tier-1	
GENERESS FE	Tier-3	
gildagia	Tier-1	
gildess 24 fe	Tier-1	
gildess oral tablet 1.5-30 mg-mcg	Tier-1	
introvale	Tier-1	
jinteli	Tier-1	
junel 1.5/30 (21)	Tier-1	
junel 1/20 (21)	Tier-1	
junel fe 1.5/30 (28)	Tier-1	
junel fe 1/20 (28)	Tier-1	
junel fe 24	Tier-1	
kariva (28)	Tier-1	
kelnor 1/35 (28)	Tier-1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier-1	
larin 1.5/30 (21)	Tier-1	
larin 1/20 (21)	Tier-1	
larin fe	Tier-1	
lessina	Tier-1	
levonest (28)	Tier-1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	Tier-1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	Tier-1	
levora-28	Tier-1	
LO LOESTRIN FE	Tier-3	
lopreeza	Tier-1	
marlissa	Tier-1	
microgestin 1.5/30 (21)	Tier-1	
microgestin 1/20 (21)	Tier-1	
microgestin fe 1.5/30 (28)	Tier-1	
microgestin fe 1/20 (28)	Tier-1	
MINASTRIN 24 FE	Tier-2	
necon 0.5/35 (28)	Tier-1	
necon 1/35 (28)	Tier-1	
NECON 10/11 (28)	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
necon 7/7/7 (28)	Tier-1	
nikki (28)	Tier-1	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	Tier-1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier-1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier-1	
norlyroc	Tier-1	
nortrel 0.5/35 (28)	Tier-1	
nortrel 1/35 (21)	Tier-1	
nortrel 1/35 (28)	Tier-1	
nortrel 7/7/7 (28)	Tier-1	
NUVARING	Tier-2	
orsythia	Tier-1	
ORTHO TRI-CYCLEN (28)	Tier-3	
portia	Tier-1	
quasense	Tier-1	
SAFYRAL	Tier-3	
sharobel	Tier-1	
tarina fe	Tier-1	
trinessa (28)	Tier-1	
tri-previfem (28)	Tier-1	
tri-sprintec (28)	Tier-1	
trivora (28)	Tier-1	
velivet triphasic regimen (28)	Tier-1	
vyfemla (28)	Tier-1	
ZENCHENT (28)	Tier-3	
ZENCHENT FE	Tier-3	
zeosa	Tier-1	
zovia 1/35e (28)	Tier-1	
zovia 1/50e (28)	Tier-1	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
alendronate	Tier-1	
ALORA	Tier-3	PA
ANGELIQ	Tier-3	
calcitonin (salmon)	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH	Tier-3	PA
CRINONE	Tier-2	
DELESTROGEN	Tier-3	
DEPO-ESTRADIOL	Tier-2	
DEPO-PROVERA IM SOLUTION	Tier-2	
DEPO-PROVERA IM SUSPENSION	Tier-2	
DEPO-SUBQ PROVERA 104	Tier-2	
DIVIGEL	Tier-3	
DUAVEE	Tier-3	PA
ELESTRIN	Tier-3	
ENJUVIA	Tier-3	PA
ESTRACE VAGINAL	Tier-2	
estradiol	Tier-1	PA
estradiol valerate	Tier-1	
ESTRING	Tier-2	
estropipate	Tier-1	PA
EVAMIST	Tier-3	
FEMHRT LOW DOSE	Tier-3	PA
FEMRING	Tier-2	
FORTEO	Tier-2	PA
ibandronate intravenous solution	Tier-1	
ibandronate oral	Tier-2	
medroxyprogesterone oral	Tier-1	
MENEST	Tier-3	PA
MENOSTAR	Tier-3	PA
methylergonovine oral	Tier-1	
MIACALCIN INJECTION	Tier-2	
norethindrone acetate	Tier-1	
pamidronate intravenous solution	Tier-1	
PREMARIN INJECTION	Tier-3	
PREMARIN ORAL	Tier-3	PA
PREMARIN VAGINAL	Tier-3	
PREMPHASE	Tier-3	PA
PREMPRO	Tier-3	PA
progesterone micronized	Tier-1	
PROLIA	Tier-2	PA

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Drug Name	Drug Tier	Requirements/Limits
raloxifene	Tier-1	
RECLAST	Tier-2	
risedronate	Tier-2	
VAGIFEM	Tier-2	
XGEVA	Tier-2	PA
zoledronic acid intravenous solution	Tier-1	
zoledronic acid-mannitol-water intravenous	Tier-1	
PRENATAL VITAMINS		
prenatal vitamins low iron	Tier-1	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-3	
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
clindamycin phosphate vaginal	Tier-1	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	
metronidazole vaginal	Tier-1	
miconazole-3 vaginal suppository	Tier-1	
NUVESSA	Tier-3	
terconazole	Tier-1	
vandazole	Tier-1	

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TUFTS Health Plan

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